

HEALING THE TRAUMA OF SEX TRAFFICKED WOMEN IN
THE UNITED STATES: A SCOPING REVIEW

by

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ABSTRACT

Healing the Trauma of Sex Trafficked Women in the United States: A Scoping Review

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Women who are sex trafficked usually develop complex trauma and experience an array of trauma symptoms. The purpose of this scoping review is to examine the therapies or treatments that reduce trauma symptoms for sex trafficked adult women survivors from the survivors' and therapists' perspectives on the survivors' trauma symptoms. This scoping review aims to add to the literature by encapsulating the therapies and treatment methods that reduce trauma symptoms for sex trafficked women. A systematic search was conducted of 12 databases and Google Scholar for books, journal articles, and grey literature published between January 2000 to December 2020 on empirical studies evaluating therapies or treatments used for sex trafficking survivors to reduce trauma symptoms. The search yielded three documents for inclusion in the scoping review. First, the review demonstrated that few studies had been conducted on the effectiveness of therapies or treatments in reducing trauma symptoms for sex trafficking survivors. Second, findings from the review showed group therapy and art therapy might be effective for sex trafficked women survivors. Finally, the results suggest that treatments or therapies using trauma-informed care, creating a sense of safety, and emphasizing universality

may increase the effectiveness of the therapy or treatment method for survivors. Practice implications include therapists and treatment methods incorporating trauma-informed care and considering using group and art therapy to reduce trauma symptoms. Future research should be conducted on all evidence-based therapies and treatment methods used for complex trauma and sexual abuse trauma and collect data from sex trafficking survivors directly using a validated measure. Additionally, research should include the age and amount of time participants were trafficked, the race and age of the participants, and a list of trauma symptoms the participants experienced before treatment and after treatment.

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I thank Dr. Black my supervising professor for all of her patience and assistance with developing my thesis.

Dedication

I dedicate this work to my amazing mom for all of her support and to my loving and selfless husband for his constant encouragement.

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Healing the Trauma of Sex Trafficked Women in the United States: A Scoping Review

Sex trafficking victims are enslaved in a constant wretched state where they are physically, psychologically, and sexually abused. Post sex trafficking, survivors live with complex trauma, which exacerbates trauma symptoms and holds them back from reintegrating into society. Unfortunately, there is a dearth of research on effective therapies for sex trafficking survivors to heal trauma symptoms. Thus, this study is a scoping review that aims to encapsulate the therapies and treatments that reduce trauma symptoms of sex trafficked women from the survivors' perspective.

Background

Human Trafficking

Human trafficking is a form of modern-day slavery where traffickers ruthlessly take advantage of people's vulnerabilities and exploit them for their financial gain (Byrne et al., 2019; Marcus et al., 2016). Traffickers will exploit anyone of any age, race, sexual orientation, from any socioeconomic level, and urban or rural areas (Byrne et al., 2019; Lamb-Susca & Clements, 2018). However, women suffer the most from trafficker's horrific acts, as they encompass the largest number of human trafficking victims worldwide (Hossain et al., 2010; Lepianka & Colbert, 2020; Zimmerman et al., 2008).

According to the US Department of Justice, human trafficking is the "second-fastest growing criminal industry," falling behind the demand for drug trafficking (Byrne et al., 2019; Veldhuizen-Ochodničanová et al., 2020). A strong motivator for the rapid expansion of human trafficking is the enormous profit margin (Marcus et al., 2016). As Rebecca Posey, regional director of *Not for Sale*, says, "You can sell a bag of drugs once, but you can sell a person

multiple times" (Marcus et al., 2016, p.47). Human traffickers exploit victims most frequently through sex trafficking, but a number of victims are also exploited through labor trafficking ("2020 Trafficking in Persons Report," 2020; Leslie, 2018; Veldhuizen-Ochodničánová et al., 2020). This scoping review focuses specifically on sex trafficking.

Sex Trafficking

Sex trafficking involves the use of force, fraud, or coercion to make an adult participate in commercial sexual exploitation ("2020 Trafficking in Persons Report," 2020; Byrne et al., 2019; Hopper & Gonzalez, 2018; *Sex Trafficking*, 2021). The Trafficking Victims Protection Act (TVPA)(2019) defines sex trafficking as "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act"(p. 7; ("2020 Trafficking in Persons Report," 2020; Herrington & McEachern, 2018). "The term 'commercial sex act' means any sex act on account of which anything of value is given to or received by any person" (Trafficking Victims Protection Act, 2019, p. 24). The terms sex trafficking and commercial sexual exploitation are frequently used interchangeably, but sex trafficking is the term that will be used in this paper.

Annually, the sex trafficking industry creates around 4.8 million victims worldwide (Mumey et al., 2021; Veldhuizen-Ochodničánová et al., 2020). Due to the crime occurring in society's shadows and victims' unawareness of being sex trafficked, pinpointing the exact number of sex trafficking victims in the United States is nearly impossible (Rajaram & Tidball, 2018; Smolenski & Ingerman, 2017). Many cases of sex trafficking go unidentified and are underreported, leaving many victims miserable and in a state of distress (Lamb-Susca & Clements, 2018). The United States is the second-largest market for sex trafficked women (Lepianka & Colbert, 2020). Between December 2007 and December 31, 2018, nearly 60,000

people had reported human trafficking cases to the National Human Trafficking Hotline, with most cases involving sex trafficking (World Without Exploitation, 2020). Sex traffickers exploit victims through prostitution, pornography, escort services, exotic dancing, and other forms of exploitation (“Facts About Human Trafficking in the US,” 2020; Hopper & Gonzalez, 2018). Traffickers will force or coerce victims to work on streets or exploit them through online prostitution, work in residential or commercial-front brothels, truck stops, businesses, through stripping, and other various ways (Polaris, 2019).

Harmful Impacts of Sex Trafficking

Sex trafficking has catastrophic long-term physical, mental, social, and economic consequences for survivors (Rajaram & Tidball, 2018; Ravi et al., 2017; Zimmerman et al., 2016). Traffickers prey on those they can easily exploit, and when they recruit a woman, their goal is to make her compliant, submissive, and utterly dependent on her abuser (Herrington & McEachern, 2018). Traffickers take power and control of victims through coercion and threats, intimidation, emotional abuse, isolation, economic abuse, using privilege, physical abuse, sexual abuse, and denying, blaming, and minimizing (Polaris, 2019). See Appendix B for a Power and Control wheel outlining the different types of abuse that occur in trafficking (Polaris, 2019).

Traffickers are master manipulators and use extensive psychological manipulation to control and have power over their victims (Rajaram & Tidball, 2018). A former victim stated, “A girl is routinely gang-raped and beaten, and shaped by the psychological manipulation” (Smith & Coloma, 2011, p. 10). Traffickers will control every aspect of their victims’ lives to the extent of controlling how much they eat and drink. Traffickers will withhold food and water from victims and tie them up or lock them in confined spaces where victims have to relieve themselves (Sher, 2013; Smith & Coloma, 2011; Herrington & McEachern, 2018). When the trafficker allows the

victim to eat, drink, and use the bathroom, the victim is grateful to the trafficker creating a powerful psychological dynamic that confuses the victim by making them believe the trafficker is a source of their most basic needs (Herrington & McEachern, 2018). Traffickers will introduce drugs to or use a victim's drug addiction as another way to control them (Rajaram & Tidball, 2018). Sex trafficking victims experience repetitive violence, rapes, deaths, stabbings, kidnappings, live in constant survival mode, and are always at risk of being harmed (Mumey et al., 2021).

The ongoing physical, psychological, and sexual abuse trafficking survivors experience creates a vast amount of physical and mental health problems. Survivors of sex trafficking are often diagnosed with infectious disease, sexually transmitted disease, and pregnancy, in need of an abortion (Cwikel et al., 2004; Decker et al., 2011; Lepianka & Colbert, 2020; Ravi et al., 2017; Zimmerman et al., 2008). Physical health symptoms can lead to emotional distress, and emotional distress can create or exacerbate physical health conditions (Hopper & Gonzalez, 2018). After recovered, sex trafficked women have trouble reintegrating into society, often feel stigmatized and marginalized by their communities, and struggle to form relationships with others (Mumey et al., 2021; Rajaram & Tidball, 2018). Survivors are ashamed of who they are, have drug addictions, and experience a high amount of distress. Working with law enforcement makes survivors nervous for their family and friends, fear for their lives, and are often retraumatized by the process (Rajaram & Tidball, 2018).

Therapies or Treatments Addressing Sex Trafficking in The United States

A variety of treatments are used to assist survivors of trafficking throughout the United States, such as trauma-informed care and trauma-specific services or therapies, integrative care, and short and long-term care (Clawson et al., 2008; Gerassi & Nichols, 2017; Williamson et al.,

2010) Integrative care has shown to be an effective way to provide survivors with wrap-around services but is not always available as it requires collaboration between various organizations (Gerassi & Nichols, 2017). Short-term emergency services enhance survivors' safety and provides immediate shelter and crisis services. In contrast, long-term care models of residential, mental health, and advocacy services meet the extensive demands of sex trafficking survivors (Gerassi & Nichols, 2017). Various therapies, such as Cognitive Behavioral Therapy (CBT), Cognitive Processing Therapy (CPT), Prolonged Exposure, and Eye Movement Desensitization and Reprocessing (EMDR), have also been touted as ways to heal trauma (Williamson et al., 2010; Gerassi & Nichols, 2017), but there is limited research available on their outcomes with sex trafficking survivors.

In Mumey et al.'s (2021) study, it was found that many sex trafficked women try to cope with the adverse mental health effects by walking, listening to music, talking to someone about the trafficking, volunteering, going to support groups, or using psychiatric medications to manage distress. However, the use of counseling and therapy to assist women who have been trafficked is generally the most prominent treatment among agencies and organizations trying to help victims. Yet, counseling and therapy's effectiveness in addressing the needs of those who have been trafficked is questionable. Despite the resources used to deal with the many symptoms women of sex trafficking experience, the root of the issue still exists, and thus, they continue to experience trauma symptoms (Mumey et al., 2021). Many survivors who attend counseling feel that it helped for the moment but did not fix the issue permanently (Mumey et al., 2021).

For a long time, psychology and psychotherapy taught that some kind of talking about distressing feelings could resolve them; however, Van Der Kolk (2014) contends that the experience of trauma itself gets in the way of being able to do that. Many treatments for trauma

have also focused on long-term medication regimens that are significantly impacted by comorbidities (Haider et al., 2021). Taking medicines for trauma can also have serious downsides, as it deflects attention from dealing with the root of the trauma and only temporarily relieves trauma symptoms (Van Der Kolk, 2014).

Van Der Kolk (2014) contends that to heal from the trauma fully, one must integrate the traumatic event to become a memory similar to any other. When traumatized people are reminded of the traumatizing events, their right brain reacts as if the traumatic experience was happening in the present, which leads to flashbacks causing the Broca area, one of the speech centers, of the brain to go offline (Van Der Kolk, 2014). Without the Broca area functioning, people cannot put their thoughts or feelings into words (Van Der Kolk, 2014). Whether a traumatic event happened one time or was a reoccurring event, lack of resolution implies that the mind will have acquired lasting negative impacts (Siegal, 2012). Therefore, the traumatic events must be integrated into a person's memory, for which supportive counseling does not work, to reduce trauma symptoms (Van Der Kolk, 2014). Supportive counseling means counseling that only uses conversation as its method, and there is no framework or agenda for the conversations. Once the trauma is integrated into the memory system, the trauma symptoms will reduce (Levine, 2008).

There is an absence of treatment models explicitly developed for sex trafficking survivors, and clinicians recommend using evidence-based trauma treatments used for similar populations (Nichols et al., 2018). Thus, it is essential to understand therapies to treat complex trauma and sexual abuse trauma. Survivors of sex trafficking often have complex trauma, and complex trauma is often treated using evidence-based approaches such as Cognitive Behavioral Therapy (CBT) or Eye Movement Desensitization and Reprocessing (EMDR) (Nichols et al.,

2018). Various therapies such as CBT (Foa & Rothbaum, 1998), EMDR, Group Psychotherapy (Murphy, 2001), Universality (Murphy, 2001), Interpersonal Relationships (Murphy, 2001), and Art Therapy have been used to treat trauma of sexual abuse victims (Kometiani, 2019). CBT is used to dismantle fears and anxieties about a traumatic memory and incorporates two techniques that have proven useful with sexual abuse survivors; exposure and cognitive restructuring (Foa & Rothbaum, 1998; Resick & Schnicke, 1993). For sexual abuse survivors, group therapy is often the treatment of choice because it allows survivors to learn from each other and creates a sense of universality (Yalom & Leszcz, 2005). Recovery for sexual abuse survivors is dependent on feeling safe through a social support system (Wadeson, 2010), which group therapy creates a sense of safety. In addition, survivors of sexual abuse often report a lost sense of self and identity (Wadeson, 2010). However, group therapy has shown to promote positive self-perception and self-esteem (Czamanski-Cohen, 2010; Jang & Choi, 2012; Murphy, 2001). EMDR uses specific eye movements to reduce the emotional connection and vivid memory of traumatic events. The eye movements have shown to cause psychological changes that cause de-arousal of the memory (Shapiro, 2012). Trauma-Informed Art Therapy provides an approach to reconnect emotional and sensory and factual and declarative memory, teach self-regulation, and help with trauma assimilation and healing (Kometiani, 2019). Although these evidence-based treatments have been found to be effective in working with women experiencing trauma, the treatments have not yet been conducted specifically with women who have experienced trauma due to sex trafficking.

Trauma Theory

The official definition used to diagnose trauma is that it is caused by a stressful occurrence “that is outside the range of usual human experience, and that would be markedly

distressing to almost anyone” (Levine & Fredrick, 1997, p.33). Unusual experiences are defined as: “serious threat to one’s life or physical integrity; serious threat or harm to one’s children, spouse, or other close relatives or friends; sudden destruction of one’s home or community; seeing another person who is or has recently been seriously injured or killed as the result of an accident of physical violence” (Levine & Fredrick, 1997, p.33). However, not an unusual or rare experience, rape or sexual assault will always be traumatizing (Levine & Fredrick, 1997).

The traumatic event itself does not cause trauma, but it is how one’s body responds to the circumstance that can be traumatizing (Porges & Buczynski, n.d.). The brain's most important job is survival, which is done by ensuring an individual’s needs are met (i.e., eating, sleeping, sex, shelter, and protection) (Van Der Kolk, 2014). When the brain encounters danger, its alarm system turns on to protect, and the old brain takes over, partially shutting down the higher brain, the conscious mind, and propels the body to run, hide, fight, or occasionally freeze (Levine, 2008; Van Der Kolk, 2014). When the fight, flight, or freeze response is successful, and a person escapes the danger, they will recover their internal equilibrium and gradually regain their senses (Levine, 2008; Van Der Kolk, 2014). However, if for some reason their usual response is blocked (i.e., being held down, trapped, or prevented from taking effective action such as in domestic violence or being raped), the brain continues to secrete stress chemicals, and its electrical circuits continue to fire (Levine, 2008; Van Der Kolk, 2014). Thus, moving and taking action to protect oneself is a critical factor in whether a traumatic event will become traumatizing (Van Der Kolk, 2014). Women who are sex trafficked are prevented from taking effective action to get out of trafficking due to being controlled and psychologically manipulated by their traffickers (Hickle & Roe-Sepowitz, 2017). Many sex trafficked women experienced childhood trauma, such as sexual or physical abuse (Hickle & Roe-Sepowitz, 2017; Hopper & Gonzalez,

2018), in addition to the traumatic events they endure by traffickers and buyers when trafficked as an adult. Experiencing repetitive traumatic events throughout one's life, such as violence and sexual abuse, creates complex trauma (Hopper & Gonzalez, 2018). Siegal (2012) explains that most individuals can cope with one-time stressful events with their acute responses, such as anxiety or sleep disturbances resolving independently. However, complex trauma or big "T" trauma, trauma that is created from the body's fight, flight, or freeze response in instances such as rape, cannot be resolved on its own with time (Siegal, 2012).

Trauma Symptoms

"Trauma affects the entire human organism-body, mind, and brain" (Van Der Kolk, 2014, p.53). See Appendix B for Dr. Levine's list of trauma symptoms (Levine, 2008). After a person is traumatized, they see the world in a fundamentally different way (Van Der Kolk, 2014). For most people, a man walking down a street is just a man, but a woman who has experienced a sexual assault may see a person who is about to molest her and panic (Van Der Kolk, 2014). Mumey et al. (2021) found many sex trafficking survivors lost themselves, and their perspectives on life changed; the world became an unsafe place, and they developed higher levels of distrust toward others. Many traumatized individuals often have diminished self-worth or feel worthless and ashamed (Levine, 2008; Van Der Kolk, 2014).

Traumatized individuals feel ashamed "about what they themselves did or did not do under their circumstances. They despise themselves for how terrified, dependent, excited, or enraged they felt" (Van Der Kolk, 2014, p. 13). Sex trafficking survivors may experience a higher level of shame since they often stay silent and "consent" to what is being done to them out of intimidation, terror, and dissociation (Muftić & Finn, 2013). It should be noted that when an individual's body and brain are so overwhelmed with pain and cannot escape, the mind will

dissociate by releasing chemicals that make the pain bearable (Levine, 2008). Mumey et al. (2021) found that after being sex trafficked, women feel frustrated with the changes in their thoughts about themselves. In addition, after suffering from trauma, many individuals have trouble forming relationships or bonding with others (Levine, 2008; Van Der Kolk, 2014). Mumey et al.'s (2021) study found that many sex trafficking survivors' greatest hope was to have an intimate relationship but found that forming these relationships was their most formidable challenge.

Sex trafficked women often experience additional trauma symptoms, including depression, excessive crying, sleep difficulties, numbness, and suicidal ideation (Levine, 2008; Mumey et al., 2021). Sleep disorders for traumatized people are caused by the body being in a hypervigilant state and having the inability to regulate the release of stress hormones to even mildly stressful situations (Van Der Kolk, 2014). Often traumatized people feel numb to the world around them, dissociate, and feel utterly helpless (Levine, 2008; Van Der Kolk, 2014). Further, Mumey et al. (2021) found that trafficked women experience flashbacks, avoidance of painful memories, hypervigilance, and fear.

Purpose of Study

To fully heal from the trauma, one must integrate the traumatic event to become a memory similar to any other (Van Der Kolk, 2014). Once the trauma is integrated, the trauma symptoms will reduce (Levine, 2008). Much research has been done on the best therapies or treatments to heal complex trauma for veterans, sexual assault survivors, and labor trafficking survivors. However, it cannot be assumed that treatments or therapies for veterans or labor traffickers will work for sex trafficking survivors because sexual assault exacerbates trauma

symptoms (DiMauro et al., 2018; Hopper & Gonzalez, 2018). Though labor trafficking survivors experience complex trauma, their trauma does not usually involve ongoing sexual assaults. It cannot be assumed that treatments or therapies for sexual assault will work because most sex trafficking survivors have complex trauma, meaning they have chronic or cumulative exposure to trauma (Hopper & Gonzalez, 2018).

This study examines the therapies or treatments that reduce trauma symptoms for sex trafficking adult women survivors from the survivors' perspectives on their trauma symptoms and therapists' perspectives. Therapy is a term used to describe care from a licensed mental health practitioner. It consists of different therapeutic methods such as Cognitive Behavioral Therapy (*The Difference Between a Social Worker & a Therapist*, n.d.). Therapy can be used as a part of treatment, but treatments can include many different therapies, providers, classes, and other intervention tools. Treatments may or may not require collaborative care between organizations.

There is a dearth of research on effective treatments post-sex trafficking from the survivors' perspective or research using survivors as the participants in a study. It is of utmost importance to include their voices in spaces of power if future mental health care is going to effectively engage the unique experiences of sex trafficking survivors (Mumey et al., 2021). This study adds to the literature by encapsulating the treatment methods that reduce trauma symptoms in sex trafficked women. The study will answer the question: *What are effective therapies or treatments for reducing trauma symptoms of sex trafficking survivors from the survivor's perspective and therapist's perspective?*

Method

The purpose of this scoping review was to explore the existing literature for therapies or treatments that have been found to be successful in addressing the trauma symptoms of sex trafficked women. This scoping review follows the PRISMA (Moher et al., 2009) guidelines. PRISMA is being used because it provides a protocol to assist authors in being transparent in the process and reporting systematic reviews, similar to a scoping review.

Search Criteria

This scoping review examined peer-reviewed journal articles and unpublished gray literature produced from January 2000 to December 2020 on therapies and treatments for women sex trafficking survivors in the United States who experience trauma symptoms such as shame, sleep disturbances, and chronic pain. See Appendix B for a full list of trauma symptoms used for this scoping review (Levine, 2008). A comprehensive search of 12 databases including Academic Search Complete, Anthropology Plus, APA PsychArticles, APA Psychinfo, CINHAL Complete, Criminal Justice Abstracts with Full Text, ERIC, Family Studies, Legal Collection, Psychology and Behavioral Sciences Collection, Race Relations Abstracts, and Social Work Abstracts, was undertaken using the keywords and synonyms for “sex trafficking,” “counseling,” “therapy,” “psychotherapy,” “treatment,” “interventions,” “strategies,” “best practices,” “trauma,” “United States,” “PTSD,” and “commercial Sexual exploitation.” Keywords were grouped in different searches as “Sex trafficking and counseling or therapy or psychotherapy or treatment and interventions or strategies or best practices,” “Sex trafficking trauma, united states, therapy or treatment or intervention or counseling or psychotherapy,” “PTSD or Post-traumatic stress disorder, commercial sexual exploitation, psychotherapy or therapy or counseling,” and

“Sex trafficking in the United States and interventions or strategies or best practices.” In addition, online resource libraries, including Google Scholar, were searched.

Inclusion and Exclusion Criteria

The inclusion criteria are presented in Table 1. As the information in this field is limited, the inclusion criteria were kept broad to include as many documents as possible. Empirical research on evidence-based treatments or therapies for sex trafficked adult women was used because it provides verifiable evidence on the effectiveness of reducing trauma symptoms. Additionally, literature had to be published in English and conducted within the United States because therapies and treatments are defined and used differently internationally. All literature had to have women as participants since women are the most trafficked population (Lepianka & Colbert, 2020). Outcome measurements must have included PTSD or trauma symptoms measures since PTSD symptoms are synonyms of trauma symptoms. Given the dearth of empirical literature, gray literature was included if it was a dissertation or thesis that utilized empirical qualitative and quantitative research. Literature from the therapist's views who work with sex trafficking survivors was included. However, literature was not found that fit the inclusion criteria.

Exclusion criteria for the inclusion in this study were: 1) therapies that used supportive counseling, since supportive counseling has shown ineffective in reducing trauma symptoms (Van Der Kolk, 2014); 2) Mental health was not the sole focus of the study if not including trauma symptoms; 3) Aftercare services that do not utilize therapies and focus on trauma symptoms; 4) Treatments that consist of collaboration between various agencies because limited collaborative care programs are not the focus of this scoping review; 5) Literature that focuses on human trafficking since sex trafficking participants cannot be distinguished due to studies

lumping sex trafficking and labor trafficking together; 6) Review papers (i.e., literature or systematic reviews).

Table 1. Inclusion Criteria.

Qualitative and quantitative research

Publish between January 2000 and December 2020

Empirical research on evidence based-treatment or therapies for adult women victimized by sex trafficking in articles, books, and dissertations and theses

Treatments with a focus on trauma from sex trafficking

Program treatments for sex trafficking that include therapies

Studies that evaluate a treatment programs effectiveness of outcomes on trauma symptoms

Selection of Studies and Data Extraction

After the author thoroughly discussed inclusion and exclusion criteria, the first author screened the titles and abstracts of n=911 articles, dissertations, theses, and books. The author did this process four times, resulting in n=895 articles, books, dissertations, or theses being excluded. The remaining 16 articles, dissertations, or theses were screened at full-level text independently by both authors. From the full-text screening, n=13 articles were excluded for the following reasons: studies used minors as participants, the study included clinicians that work with adults, minors, males, and females, making the results of the study for adult women unclear. Thus, the final sample for this study was n=3 research reports. Data was extracted by the first author and kept in an excel document. To ensure the literature's quality, the authors used a Mixed Methods Appraisal Tool (MMAT), which is intended to be used as a checklist for simultaneously appraising and/or describing studies included in systematic mixed study reviews (*Mixed Methods Appraisal Tool*, n.d.).

Results

Setting and Sample Characteristics

The studies included in the review were conducted in Northwest Ohio, San Diego, and Southeast United States (Haynes, 2015; Kometiani & Farmer, 2020; Munsey et al., 2018). These studies do not generalize other areas of the United States, and they are not nationally representative.

Haynes's (2015) study used purposive sampling and had three participants. Kometiani and Farmer (2020) advertised an art therapy group through the agency's services. Survivors' advocates encourage participation in the group. Twelve women volunteered to participate in the group. Munsey et al.'s (2018) study consisted of 11 women who were in GenerateHope's program during the research time period. Thus, the total sample size of all the studies combined was 23 participants.

Age and Gender. In Haynes's (2015) study, the participants' age ranged from 28 to 36 years old, and all participants were women. The youngest participant in the study had been trafficked for a few months, the oldest participant was trafficked from 15 to 35 years old, and the other participant had been trafficked from 26 years old to 34 years old (Haynes, 2015). In Kometiani & Farmer (2020), the participants' age ranged from 23-43, with a mean age of 31 in the study, and all participants were women. These women's age or length of time being trafficked was not stated (Kometiani & Farmer, 2020). The age of the participants in the Munsey et al. (2018) study was not provided, but all participants were identified as adult women. However, the age when the participants in the study entered sex trafficking ranged from nine to 33 years old (Kometiani & Farmer, 2020).

Race. Overall, race and ethnicity demographics are not identified for all participants in the studies. For example, in Munsey et al.'s (2018) study, the racial makeup of participants was not provided. In Haynes's (2015) study, 33% of participants were identified as Caucasian, and 67% were African American, whereas, in Kometiani and Farmer's (2020) study, all participants were Caucasian.

Study Methodology

Appendix A. Table 2 provides details about the study's characteristics. The final sample consisted of 3 studies published within the last 10 years (Haynes, 2015; Kometiani & Farmer, 2020; Munsey et al., 2018). Two of the studies included in the review were published in peer-reviewed journals, and one of the studies was a thesis (Haynes, 2015; Kometiani & Farmer, 2020; Munsey et al., 2018).

Study Aims. Each of the studies in the review had different aims. Haynes (2015) aimed to examine if clay-based art therapy effectively addresses sex trafficking survivors' holistic recovery. Kometiani and Farmer (2020) aimed to examine the resiliency effects of art therapy on a group of sex-trafficked survivors and their advocates. The study also aimed to demonstrate the impact of art therapy on the resiliency of sex trafficking survivors using a psychological model to help people recover from trauma. Munsey et al.'s (2018) study aimed to examine GenerateHope's (GH) internal program outcomes on sex trafficking survivors and assess the result's ultimate use in guiding future program development for sex trafficking survivors.

Definition of trauma symptoms. Each of the studies differed on how they defined and measured trauma symptoms. Haynes (2015) identifies trauma symptoms as flashbacks, depression, anxiety, unhealthy defense mechanisms, shame, guilt, negative moods, denial,

dissociation, isolation, regression, and inability to trust others for sexual assault survivors. Kometiani and Farmer (2020) use many of Levine's (2008) trauma symptoms listed in Appendix C when defining trauma symptoms. Munsey et al. (2018) put trauma symptoms and PTSD symptoms into two categories, even though many symptoms overlap. Trauma symptoms that are not PTSD are guilt and shame, anxiety, substance abuse, suicidal ideation and suicide, memory loss, loneliness, loss of self-esteem, apathy, hostility, self-harm, loss of personal initiative and autonomy.

Description of Therapy or Treatment. The three studies included various methods to answer their research question and hypothesis. Haynes (2015) conducted a study at a safe house location in Southeastern US. The participants received other services at the safe house throughout the six weeks the study was conducted. A schedule was created with the participants to conduct a seven-week study. The study consisted of six weeks of group clay-based art therapy, followed by a week of posttests and interviews. Each session of clay-based art therapy aimed to provide a holistic recovery by addressing common issues among sex trafficking survivors. Before beginning the sessions, the women were introduced to clay art and learned the fundamentals of clay techniques. They also discussed art therapy, which included grounding and mindfulness techniques such as releasing anger through wedging and pounding clay.

The first session was one hour of art therapy focusing on empowerment, and the women were instructed to create a coil pot. The participants were given instructions and demonstrations but had to use their creativity to create their own, giving them a sense of empowerment. In the second week, the second session focused on creating a story patina on the coil pot they had created. The pots from the last week were fired and then given to the women. After receiving their pot, the women were asked to reflect on their own life stories and visually depict their own

story on their pot. In the third session, held in the third week, each participant was given a chance to discuss the meaning of their story pot with the group, and group members responded to each person's story. After each group member shared, they were asked to reflect on these stories. They were then given clay to create a gift of appreciation for each member of the group. They gave each group member their gift and expressed their appreciation for that individual. The fourth session, the fourth week, focused on universality by having the group create a group sculpture. The content of the art piece was for the group members to decide. The group members worked together to create a bowl that incorporated input from all members into the bowl. In the fifth week's session, the women were asked to patina their sculptures. Since the goal of week five was to promote a positive outlook about their group experience and redefine their story, the women worked together using a variety of materials to transform their sculpture into something beautiful. They were able to reflect on their own life stories in past creations that they called ugly and recreated them together, creating a group bowl. During the sixth session, all art pieces were returned to the women, and they were able to reflect on the pieces and discuss their previous dislikes for their own bowl. The group members discussed how their story bowl was beautiful and that it accurately reflected them. The participants discussed their anxieties about terminating the group. The group was permitted to make a transitional object to represent the group's progress and remember the group's experience. Before the session ended, the group members wrote a letter to themselves and sealed it in an envelope to read later after termination (Haynes, 2015).

Kometiani and Farmer (2020) did a case study through an anti-human trafficking program. As part of the study, an ongoing monthly support group was established within the agency, and art therapy was introduced as a new therapeutic practice. The participants involved

in the case study received other services such as intensive case management services, individual trauma therapy, and group counseling sessions. The monthly support group was led by a board-certified art therapist and a licensed clinical social worker from April 2016 to April 2017 in a room with natural light, large tables for art therapy participation, and various art supplies. Each group session was approximately 1.5 hours long and included art-making and discussion.

Throughout the study, the group sizes fluctuated every month due to the personal challenges of the participants. In addition, the group sessions offered varied due to staff changes during the time period. In the first session, two participants attended, five attended the second, two attended the third, two attended the fourth, and one attended the last ($M=2.4$). Group rules were established in the first session, and participants were given time to create and share their artwork. The sessions were based on trauma-informed care (Herman, 1997) and phases of trauma recovery. The phases of trauma care are survivor safety, trauma and loss processing, adjustment to transition, and establishing connections to others (Herman, 1997).

In the first session, the art therapist worked on establishing safety with the survivors using the concept of a mandala, which emphasizes wholeness, and had the participants fill in a mandala on a piece of paper using colors, symbolism, and shapes to reflect feelings. In the second session, participants were given a piece of paper with a blank puzzle outlined along with the needed art supplies. The participants decorated the puzzle using magazines and drawings to introduce themselves through art. Through the puzzle, participants were able to express their completeness or incompleteness symbolically. In the third session, the group used poetry and collages as part of the trauma and loss processing stage. The last two sessions addressed the transition and connections stage. The art therapist provided the participants with paper mâché masks and supplies needed to decorate the mask's inside with feelings hidden from others and the

outside of the masks with how they portray themselves to others. In the last session, the participants painted an image of hope and inspiration for the future on a canvas.

Munsey et al. (2018) assess the participants' overall well-being at the start of their treatment at GenerateHope (GH) and 6 to 12 months after being treated at GH. GH is a nonprofit organization that provides fully integrated, comprehensive rehabilitation services to adult female survivors. GH program consists of safe residential housing with an integrated, 30-hour week daytime rehabilitation program. Two live-in residential directors facilitate the community living, and clients in the residential housing have chores to do and meetings to attend. During the week, residents attend a program held Monday through Friday from 9:00 am to 3:00 pm. The program consists of three integrated and foundational aspects: academic studies, psychotherapy, and adjunct therapies. The academic aspect helps survivors receive their high school diploma or GED and prepares survivors for furthering their education. For the psychotherapy aspect, group or individual therapies are offered by master-level social workers and marriage and family therapy interns from local universities who are supervised by a staff licensed clinical social worker. Group therapy is offered for 5 hours a week and focuses on the trauma of sex trafficking using “Ending the Game” (Hassan, Miller, Phelps, & Thomas, 2015) and “X Girls” Curriculum (Dust, 2013).

Additionally, trauma symptoms and underlying issues are addressed during therapy. GH also puts a substantial amount of focus on a sense of sisterhood between survivors. GH keeps a roster of over 20 relevant group subjects rotated throughout a resident’s stay, and individual therapy is offered at least one hour per week and often supplemented with Eye Movement Desensitization Reprocessing by a trained volunteer provider. In addition, survivors are provided adjunct therapies such as dance, yoga, financial management, life skills, celebrate recovery, self-

defense, job training, and equine therapy for five to six hours a week. Clinical meetings also occur weekly for staff to address any issues or problems, review progress or barrier and discuss survivors' goals. The research period took place from April 2014 to February 2017.

Study Design. Each of the studies used different outcome measures. Haynes (2015) collected data qualitatively and quantitatively. Qualitative data was collected through interviews, participatory observation, and discussions. The participatory observations and discussions were recorded throughout the study, and the week after the therapy sessions, the researcher led each woman through a qualitative interview. The intent of the interviews was to understand how art therapy affected the participants' change in trauma symptoms, involvement in community building, and feelings of empowerment. All qualitative data were transcribed and coded; themes were extracted. Quantitative measurement was used to supplement the qualitative results. Haynes (2015) utilized the Trauma Symptoms Checklist (TSC-40), which is a 40 item self-report that measures the symptoms of trauma. The TSC-40 was used prior to the treatment and again following the conclusion of the study. The participants identified how often they had experienced specific symptoms in the past two months. The TSC-40 has six subscales that measure anxiety, depression, dissociation, sexual abuse trauma index, sexual problems, and sleep disturbances.

Kometiani and Farmer (2020) used direct observation of participants, informal interviewing during the group's sessions, and collection of artwork to measure the outcomes. Data from personal artwork was collected through a thorough assessment by the art therapist, and reflections from the participants about their artwork during the sessions were noted. The overall themes emerged and were connected throughout the study to analyze the process of the art therapy program. Field notes were also used to measure the impact of the therapy. Member checking was completed during the group to receive feedback regarding the benefits of the

group, and the artwork to improve credibility and validity. Quotes from the participants were also used from the groups to ensure accuracy from the data received.

To conduct their study, Munsey et al. (2018) used the Hamilton Depression Rating Scale (HAM-D), PTSD Checklist – Civilian Version (PCL-C), and the Rosenberg Self-Esteem Scale (RSES) to evaluate participants progress throughout the program. These scales were used because they monitor symptoms most commonly arising in the program. To determine if the changes in scores before (t_0) and after (t_1) starting treatment, a chi-squared test was applied for each of the three assessments with 10 degrees of freedom.

Study Results

After analyzing the data, Haynes (2015) extrapolated themes relating to self-thoughts, community, guarded boundaries, false image, memories, and identity. When starting clay-based art therapy, all women talked about themselves negatively and made negative comments about their artwork. By the end of the therapy, the women began to see themselves in a new light and were less harsh on themselves, accepting themselves as stronger than they thought. Throughout the sessions, the women began to develop a sense of community which came from feelings of universality. Sharing stories made the women more willing to share their own stories and helped them feel less alone. The women explained in their interviews how they lowered their guard or boundaries with the group and became more open. The women also became less defensive and more open as the group progressed. As each piece of art was made, the women saw the art for what it looked like aesthetically, giving a false image to the art pieces. In the beginning, the women saw the art as ugly, but towards the end, the women started to see their art as pretty or cute, still identifying a false image by seeing the artwork for its external looks and not what the artwork means. During the sessions, the women often spoke of the memories evoked from the

sensations of clay, whether positive or negative memories. Identity was the final theme that emerged. In most of the sessions, the women depicted their initials on their art pieces, which was a way to permanently represent their identities in their art. The researcher observed a repeated compulsion to mark their art with their names. The women shared in the third session that they did not know who they were because they were used to being what everyone else wanted them to be and that they did not like what they saw on the inside of themselves. However, they eventually began to accept and appreciate their artwork as a representation of themselves and their identity. The TSC-40 was administered as a pretest and posttest measure with the three women, and the results were analyzed using a t-test with the significance value of .05. Overall, each women's score decreased from pretest to posttest, indicating a decrease in trauma symptoms. However, the t-test data revealed only one of the participants' scores had a statistically significant decrease. Out of all six symptoms subscales measured, there was a decrease in all but one trauma symptom for one participant, depression. However, the t-test revealed that only one symptom subscale had a statistically significant decrease, sexual problems. Anecdotally the numbers still revealed a decrease in trauma symptoms in all categories.

After Kometiani and Farmer (2020) collected the data, they analyzed the common themes. Kometiani and Farmer (2020) reported that the participants in the study were able to express their feelings through the artwork and found a sense of acceptance and community with the other participants. Before starting the art therapy, some women felt lost and had not made sense of their past. Some women had not shared their past with others, had not processed their past, or still struggled with relapsed at the beginning of the sessions. Throughout the sessions, the women shared their past for the first time with others through poetry and/or artwork. Some were

able to make sense of their past by freely expressing their feelings through their art. By the last session, women had created new views on themselves. They were able to identify what they envisioned for their futures and began to value themselves and gained in their self-worth.

The findings of Munsey et al. (2018) revealed that women's symptoms of depression (HAM-D), PTSD (PCL-C), and low confidence (RSES) had real and significant changes. Depression symptoms significantly decreased, PTSD symptoms significantly decreased, and self-confidence significantly increased. Of the participants ($n=11$), seven began the program with a score on the HAM-D indicative of mild or severe depression. Those with mild or severe depression moved into the normal range score within 12 months. All participants entered the program with a PCL-C score indicating PTSD. When assessed a second time, all participants' PTSD symptoms had decreased significantly. Eight participants entered the program with self-esteem scores on the RSES scale that indicated their self-esteem was below average, and none entered with scores above average. Of the participants below average ($n=8$), four moved into the average range, and three moved into the above-average range when reassessed.

Strengths and Limitations of Study Methods

The limitations to Haynes's (2015) study is that the sample size was too small to apply findings to the general population, and the study did not have adequate time to address all issues that emerged due to the complexity of the trauma. Furthermore, all participants did not attend the first session, and there was no control group, which would have improved the study.

Additionally, Haynes (2015) believes the decrease in sexual problems was due to the agency requiring the women to practice abstinence and not due to the clay-based art therapy (Haynes, 2015).

A strength of Kometiani and Farmer's (2020) study is that it was conducted with women who had been sex trafficked and were in the beginning stages of their recovery. However, the study's limitations were that the participants in the session varied, and it was a racially homogeneous sample. Thus, findings cannot be generalized to other racial or ethnic groups in the United States.

Munsey et al.'s (2018) study is important considering that sex trafficking survivors experience an array of trauma symptoms, including low self-esteem, depression, and symptoms of PTSD. A strength of this study is that it was conducted quantitatively and used the same measurement before the participants began the program and after the participants had been in the program for 6 to 12 months. A significant limitation of this study is the sample size, and the race and age of the participants are not provided. In addition, no follow-up assessment was conducted. Thus, it cannot be generalized to all women.

Discussion

The purpose of this scoping review was to examine the existing empirical research on therapies and treatments used with women sex trafficking survivors to reduce trauma symptoms. To my knowledge, this is the first study to systematically review the literature examining therapies and treatments used with sex trafficking survivors to reduce trauma symptoms. The research identified two empirical studies and one thesis that examined therapy or treatment's impact on sex trafficking survivors' trauma symptoms. The research question was, "*What are effective therapies or treatments for reducing trauma symptoms of sex trafficking survivors from the survivor's perspective and therapist's perspective?*" Unfortunately, only three studies emerged from the survivors' perspective, and no studies emerged from the therapists' perspective.

Few studies have been conducted examining a therapy's or treatment's impact on trauma symptoms in women sex trafficking survivors. A lack of studies on the relationship between therapies and treatments and trauma symptoms in sex trafficking survivors indicates a gap in the literature. Understanding the effectiveness of therapies or treatments used with sex trafficking survivors is vital because it may reveal the most efficacies of therapies or treatments to reduce trauma symptoms with sex trafficking survivors.

Each of the studies was done with a program that provides services for sex trafficking survivors. The programs all provide a variety of therapies and activities for its residents. The three programs also worked to create a sense of community or sisterhood between the sex trafficking survivors in their programs by using group projects in art therapy or having them attend group treatment sessions. All of the programs also had some form of reflection on or talking about feelings and emotions that arose throughout the program. Before the studies began, many of the participants had not discussed their past or shared their stories with others, felt a loss of self, and had negative self-perceptions. Group therapy has been found effective for helping sexual abuse survivors open up to each other (Yalom & Leszcz, 2005). Additionally, each of the studies focused on building and measuring the participants' self-worth and creating a positive self-perception.

Each of the programs in the studies aimed to address common issues sex trafficking survivors experience and an emphasis on wholeness. Two of the programs worked to create a sense of safety for the survivors from the beginning, while one of the programs started working to empower the women. Of these studies, the two who started with developing a sense of safety seemed to have more effective results. The women in these studies appeared to have an increase in their self-esteem and have a higher sense of self-worth. However, in the study with a focus on

empowerment, statistically significant decreases in trauma symptoms were not found. Perhaps treatment methods must first create a sense of safety for its participants before working toward empowerment. As stated earlier, recovery for sexual abuse survivors is dependent on feeling safe through a social support system (Wadeson, 2010). Based on the results of this study, this may be true for sex trafficking survivors as well. Additionally, for the survivors in Mumey et al.'s (2021) study, forming relationships with others was one of their most formidable challenges due to not trusting.

Two of the studies in the sample use a trauma-informed approach. Based on the findings of this review, a therapist should be trauma-informed, and treatment programs should use a trauma-informed approach when working with sex trafficking survivors. Sex trafficking survivors must process and integrate their trauma for trauma symptoms to reduce (Van Der Kolk, 2014). However, Rajaram and Tidball (2018) found that many sex trafficking survivors express that most professionals are not trauma-informed or trained in psychological trauma care.

Of the studies that met the criteria, race and age are not identified for all women, making it difficult to find connections between therapies or treatments effectiveness for specific age groups or populations. Therefore, studies should include a more diverse sample group to better understand if treatment methods are effective for a particular population of sex trafficking survivors or generalizable for all sex trafficking survivors.

The fact that the definitions of trauma symptoms varied across studies suggests that there is no agreed-upon definition of trauma symptoms for sex trafficking survivors. This suggests that there may be a lack of knowledge or awareness of trauma symptoms survivors experience. Further research should be conducted to form a consistent definition. Additionally, the studies utilizing various measurement tools suggest that there may not be one uniform way to measure

trauma symptoms. Since therapy and treatment methods differ, it is recommended that further research be conducted to check the reliability and validity of measurement tools used to measure trauma symptoms for survivors. Each study had different aims, none of which solely focused on evaluating trauma symptoms, suggesting that there may be a lack of emphasis on trauma symptoms of sex trafficking survivors. Further research on the importance of addressing trauma in sex trafficking survivors may be beneficial.

Each study utilizing a form of group therapy and focusing on building a sense of community or sisterhood between survivors aligns with research findings for sexual abuse survivors. Group therapy creates a sense of safety and promotes positive self-perception and self-esteem (Czamanski-Cohen, 2010; Jang & Choi, 2012; Murphy, 2001; Wadeson, 2010). The participants in the studies having a higher sense of self-worth and a more positive perception of themselves may be due to group therapy being incorporated in the therapies or treatment method. Additionally, many of the issue areas or trauma symptoms the participants presented at the start of the studies align with previous research. For example, the participants in the studies began the therapies feeling as if they did not know who they were or had a lost sense of self. A loss of self was reported by sex trafficking survivors in previous research (Mumey et al., 2021).

Perhaps one of the most important findings of this scoping review is that art therapy appears to be a promising treatment for women who have been sex trafficked. Art therapy includes various media such as art, music, drama, movement, and writing to process trauma. Expressive arts therapy creates ease for expression and a greater examination of the self, making survivors of human trafficking more likely to share their trauma narratives (Morita, 2006). Art therapy offers an avenue for women to access the part of the brain where trauma resides and allows for non-verbal processing and reconnection to the trauma experience in a safe

environment (Morrisey, 2013; Van Der Kolk, 2014). Thus, therapists should consider utilizing art therapy when working with sex trafficking survivors to begin the process of reducing trauma symptoms as part of a holistic program that includes evidence-based therapies for treating complex trauma or sexual abuse.

Review Limitations

The findings of this scoping review should be considered with respect to the following limitations. Although 12 databases were searched, it is possible that studies were missed that were indexed in other databases. Overall, the most significant limitation was the lack of empirical research that exists and the heterogeneous nature of the studies that examine therapies or treatments for sex trafficking survivors. Additionally, the number of available studies had small sample sizes or high dropout rates. The majority of the studies' findings focused on the effectiveness of a therapy, even though the participants in the study were receiving a combination of treatments throughout the time period the studies were conducted. However, Munsey et al. (2018) did evaluate the impact of the various treatments and therapies combined on the participants, but each treatment or therapy was not independently evaluated. Overall, the studies lacked rigor. For example, the studies did not use a control group, and thus, changes in trauma symptoms could have been associated with other factors than the treatment offered. Thus, we continue to know little about effective treatments for women who have been sex trafficked. The need for research on this topic is critical.

Conclusion

Overall, the results of this review call for a need for further research on therapies and treatments to discover what is effective for reducing trauma symptoms for women who have

been sex trafficked. Both quantitative and qualitative studies need to be conducted with sex trafficking survivors to assess if evidenced-based treatments, such as Trauma-Focused Cognitive Behavioral Therapy, EMDR, Art Therapy, used for complex trauma in reducing trauma symptoms are effective with sex trafficking survivors. The available research suggests that art therapy may be effective for processing trauma and improves a survivor's self-worth. Additionally, trauma-informed, integrated residential programs incorporating psychotherapy or EMDR, education classes, and adjunct therapies such as self-defense may effectively lower depression and trauma symptoms and increase a survivors' self-esteem. However, a substantial amount of research is still needed to understand the effectiveness of these and other therapies and treatments for sex trafficking survivors.

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Appendix A

Table 2. Data Extraction

Author (Year)	Study Location	Study Population	Aims of the Study	Racial Demographics	Age	Methodology	Outcome Measures	Important Results
Haynes (2015)	Southeast United States	3 women who are sex trafficking survivors	Examine if clay-based art therapy is effective in addressing sex trafficking survivors holistic recovery	33% Caucasian & 67% African American	28-36	A mixed method study examining the use of clay-based art therapy	Qualitative interviews, participatory observations, and discussions & quantitative TSC-40 to measure trauma symptoms	Anecdotally the TSC-40 scores revealed a decrease in trauma symptoms
Kometiani and Farmer (2020)	Northwest Ohio	12 women who are sex trafficking survivors	Examine the effectiveness of art therapy on sex trafficked survivors and their advocates	100% Caucasian	23-43(M=31)	A qualitative intrinsic case study examining the use of group art therapy	Direct observation of participants, participant observations, informal interviewing during the group sessions, and collection of artwork.	Participants safely shared about their past, found connection, and started developing a perspective of themselves and their lives.
Munsey, Miller, and Rugg (2018)	San Diego	11 women who are sex trafficking survivors	Examine intra-program outcomes and assess their ultimate utility in guiding future program development.			Analyzed the change in trauma symptoms over time using a baseline initial assessment and second assessment between 6 and 12 months of treatment	Used HAM-D, PCL-C, and RSES. PCL-C is used to measure symptoms of PTSD.	Scores on HAM-D, PCL-C, and RSES indicate lower depression, less PTSD symptoms, and increased self-esteem.

Appendix B



Appendix C

Early Symptoms	Next Symptoms	Symptoms that Develop Overtime
<ul style="list-style-type: none"> • Hypervigilance (being “on guard” at all times) • Intrusive imagery or flashbacks • Extreme sensitivity to light or sound • Hyperactivity • Exaggerated emotional and startle responses • Nightmares and night terrors • Abrupt mood swings (rage reactions or temper tantrums, frequent anger, or crying) • Shame and lack of self-worth • Reduced ability to deal with stress (easily and frequently stressed out) • Difficulty sleeping 	<ul style="list-style-type: none"> • Panic attacks, anxiety, and phobias • Mental “blankness” or spaced-out feelings • Avoidance behavior (avoiding places, activities, movements, memories, or people) • Attraction to dangerous situations • Addictive behaviors (overeating, drinking, smoking, etc.) • Exaggerated or diminished sexual activity • Amnesia and forgetfulness • Inability to love, nurture, or bond with other individuals • Fear of dying or having a shortened life • Self-mutilation (severe abuse, self-inflicted cutting, etc.) • Loss of sustaining beliefs (spiritual, religious, interpersonal) 	<ul style="list-style-type: none"> • Excessive shyness • Diminished emotional responses • Inability to make commitments • Chronic fatigue or very low physical energy • Immune system problems and certain endocrine problems such as thyroid malfunction and environmental sensitivities • Psychosomatic illnesses, particularly headaches, migraines, neck and back problems • Chronic pain • Fibromyalgia • Asthma • Skin disorders • Digestive Problems • Severe premenstrual syndrome • Depression and feelings of impending doom • Feelings of detachments, alienation, and isolation • Reduced ability to formulate plans

